

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|-----------|---------|
| FEE DETERMINATION | BA | 70385 | |
| O.I.P.E. CLASSIFIER | | 10 2-9-99 | |
| FORMALITY REVIEW | MM | 71628 | 2-11-99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| 1 | ✓ |
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy